Joint Meeting of the Anesthetic and Life Support Drugs Advisory Committee and the Drug Safety and Risk Management Advisory Committee
April 22, 2010 (Acurox)

Errata to the Background Package

Errata 1
Division Director's Memo
Page 2, first paragraph

The original text:

Acura also believes that this reformulation will be less subject to abuse due to physical properties that make it more difficult to manipulate, such as its resistance to crushing and the fact that it cannot be melted and dissolved with normally available materials and processes. In addition, the product is formulated with a substance intended to make it irritating to the nasal mucosa which is intended to result in an unpleasant side effect when the drug is snorted. In the absence of manipulation and when ingested according to the labeled instructions, the product is expected to behave the same as other immediate-release oxycodone products.

The amended text:

Acura also believes that this reformulation will be less subject to abuse due to physical properties that make it more difficult to melt and dissolve with normally available materials and processes. In addition, the product is formulated with a substance intended to make it irritating to the nasal mucosa which is intended to result in an unpleasant side effect when the drug is snorted. In the absence of manipulation and when ingested according to the labeled instructions, the product is expected to behave the same as other immediate-release oxycodone products.

Errata 2
Section 6 Safety and Efficacy Summary of Acurox NDA
Page 2, third paragraph

The original text:

Because it is known that aspirin and non-steroidal agents are able to greatly decrease the flushing reaction associated with niacin. [1–6], the Division requested that the applicant conduct a study that assessed the effects of co-administration of aspirin, but this was not done. Also, it is known that the flushing associated with the use of niacin can lessen over time and, in Study 103, subjects appear to have developed tolerance to niacin within 10 days.

The amended text:

Because it is known that aspirin and non-steroidal agents are able to greatly decrease the flushing reaction associated with niacin. [1–6], the Division suggested, but did not require, the applicant assess the effects of co-administration of aspirin. Also, it is known

that the flushing associated with the use of niacin can lessen over time and, in Study 103, subjects appear to have developed tolerance to niacin within 10 days.

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The original text:

3. The Applicant failed to justify the inclusion of niacin under the Combination Drug Regulation.
    - In the fasted state, the niacin doses tested were not particularly aversive.
    - Any aversive reactions were largely abolished when niacin was administered in the fed state.
    - NSAIDs and aspirin are known to mitigate niacin-induced flushing. Whether aspirin or an NSAID would have mitigated the effects of Acurox could have been elucidated in a clinical trial, as recommended by the Agency. The Applicant did not include pretreatment with aspirin in abuse liability studies. In the absence of data to the contrary, the logical assumption is that pretreatment with a cyclo-oxygenase inhibitor would likely blunt any vasodilatory reaction.

The amended text:

3. The Applicant failed to justify the inclusion of niacin under the Combination Drug Regulation.
    - In the fasted state, the niacin doses tested were not particularly aversive.
    - Any aversive reactions were largely abolished when niacin was administered in the fed state.
    - NSAIDs and aspirin are known to mitigate niacin-induced flushing. Whether aspirin or an NSAID would have mitigated the effects of Acurox could have been elucidated in a clinical trial, however, this was not required by the Agency and was not performed by the Applicant. The Applicant did not include pretreatment with aspirin in abuse liability studies. In the absence of data to the contrary, the logical assumption is that pretreatment with a cyclo-oxygenase inhibitor would likely blunt any vasodilatory reaction.